

Angels Care at Home Limited

# Angels Care At Home Ltd

## Inspection report

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Date of inspection visit:  
28 November 2017  
29 November 2017

Date of publication:  
15 January 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This was an announced inspection which took place on 28 and 29 November 2017.

Angels' Care at Home is a domiciliary care agency. It provides care to people living in their own houses. Not everyone using the service receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. The agency provides a service to older adults.

At the last inspection, on 10 February 2016, the service was rated as good in all domains and therefore overall good. At this inspection we found the service was still rated as overall good but rated good in four domains. It requires improvement in the safe domain.

People, staff and visitors were generally protected from harm but care staff did not always follow the medication procedure, complete medicine care plans and record medicine administration as safely as they could. The registered manager did not always check the full work history of care staff applicants. We made recommendations around these areas. People benefitted from adequate staffing because the service did not accept a package of care unless they were able to provide staffing to meet the individual's needs safely.

Safety was maintained by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect the people in their care and knew what action to take if they identified any concerns. General risks and risks to individuals were identified and appropriate action was taken to reduce them, as far as possible.

There was a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who were appropriately trained and supported to make sure they could meet people's varied needs. Care staff were effective in meeting people's needs as described in plans of care. The service worked closely with health and other professionals to ensure they were able to meet people's needs, as appropriate.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The service was not depriving anyone of their liberty nor ever had. They were fully aware of the action they would need in the unlikely event this became necessary.

People were supported by a staff team who delivered care with kindness, respect and understanding. They built caring relationships with people to enable them to meet their needs more sensitively. The service and

care staff were aware of people's equality and diversity needs and endeavoured to meet them. People were supported to be as independent as they were able to be by well-informed care staff.

The service was person centred and responsive to individual's needs. It was flexible and adapted their care packages to meet people's individualised and specific needs. People's needs were regularly reviewed to ensure the care provided was up-to-date. Care plans included information to ensure people's communication needs were understood.

The registered manager and the management team ensured the service was well-led. It was described as open, approachable and supportive. The registered manager and her team were committed to ensuring there was no discrimination relating to staff or people in the service. The quality of care the service provided was assessed, reviewed and improved, as necessary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was generally but not always safe.

Care staff did not always follow the system of medicine administration. It was not always made clear when people should take their medicines and if they had taken them at the right times and in the right quantities.

The registered manager followed a recruitment procedure that did not always ensure they could be as certain as possible that the staff chosen were suitable to work with vulnerable people.

Care staff were trained in and understood how to keep people safe from all types of abuse.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

### Is the service effective?

**Good** 

The service was effective.

Staff met people's needs in the way they preferred.

Staff understood people's rights with regard to decision making. They supported people to make their own decisions and sought their consent before offering any type of care.

Staff were appropriately trained and supported to enable them to provide the best care and support they could.

The service worked closely with other healthcare and well-being professionals to make sure people were offered care that met all of their needs.

### Is the service caring?

**Good** 

The service was caring.

People received care from a kind, respectful and caring staff team who recognised equality and diversity. They supported

people to meet any special needs they had.

The service encouraged care staff to build positive relationships with people.

The service supported people to maintain and gain independence, as was appropriate.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

People were offered a flexible service that responded to people's individualised needs, in the way they wanted.

People's needs were regularly looked at and care plans were changed as necessary.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and ensured that any issues were addressed and rectified as appropriate.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff felt they were well supported by the management team.

The quality of the care people were offered was regularly reviewed to ensure it was maintained and improvements were made, as required.

People, staff and others were asked for their views on the quality of care the service offered. These were acted upon and the service tried to improve to enable them to offer a better service to people.

# Angels Care At Home Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The first day of the inspection was announced and took place on 28 November 2017. The second day of the inspection was 29 November 2017 and was used to make telephone calls to people who receive a service. The service was given 48 hours notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by two inspectors.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for six people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with one person who uses the service, on the day of the inspection visit and a further six people by telephone after the visit. We requested information from a further four people but received no responses. We spoke with one staff member, on the day of the visit and requested information from a further eleven. We received one response. On the day of the inspection we spent time with the registered manager/provider and the quality assurance manager. We requested information from eight professionals, including local authority representatives and received responses from three. All were positive.

# Is the service safe?

## Our findings

It was not clear if people were supported to take their medicines safely. Medicine administration records (MARs) did not always reflect whether medicines had been given at the right time. For example, in three of the six records we reviewed there were unexplained gaps and confusing information on the MARs. For example, "No more" was written against a medicine on one MARs. It did not explain when staff should stop administering the medicine or why. Another MAR was not signed for several days. However, the generic daily records noted that medicines had been given as prescribed. Whilst no-one had suffered harm from medicine recording omissions there was potential for staff to make administration errors because MARs were not clear.

Care plans did not always contain detail about how the person was to be supported to take their medicines safely. The part of the care plan entitled, "Guidance related to medicines administration" was not completed in two of the six care plans we looked at. This meant that staff may not receive enough information to support people to take their medicine in the safest way. Additionally it was not clear what the service was responsible for providing. This created potential for unsafe medicine administration or omissions.

People were supported by staff who were trained and competency tested to ensure they were able to administer medicines safely. Competency assessments had been signed and dated but did not contain any information about what the competency test involved. This could cause the registered manager/provider difficulty in assuring themselves that all staff were properly trained and competent to administer medicines. Overall the quality and accuracy of medicine records were variable and did not support the safe administration of medicines.

We recommend that the registered manager reviews their medicines and records auditing policies with regard to best practice guidance on the administration and recording of medicines in peoples' own homes.

Staff records did not always show that people were supported by staff who were safe and suitable to work with them. We looked at the recruitment records of the four newest staff members. The recruitment processes included safety checks on prospective applicants which were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults and application forms were completed. References were verified as necessary. However, people were only asked for their work history over the previous five years. For example one of the application forms had no work history prior to 1992. On another application form dates on a reference given did not 'match' those on the application form. The registered manager undertook to collect, record and verify all the necessary information from staff already in post. They also undertook to change the recruitment policy to reflect the need to check people's full work history, immediately. People told us they felt very safe and fully trusted care staff so there had been no impact on people, to date.

People were kept safe and were protected, as far as possible, from any form of abuse. People told us they felt safe when care staff were in their home. One person said, "Yes they are completely trustworthy and I feel

particularly safe when they are here." Another said, "I feel safe and trust the carers implicitly". Further comments included, "I feel perfectly safe" and, "I feel safe, cared for and looked after." A professional commented, "I am confident that the service users that I have worked with whom had care provided by Angels Care at Home are safe and well treated. I have had the opportunity to see the positive impact of their good work with one of my clients. " Another told us, "Angels are committed to provide safe care." None of the professionals who responded to our request for information or people we spoke with had any concerns about people's safety.

The service had made four safeguarding referrals in the preceding 12 months. These had been dealt with appropriately and the relevant authorities had been notified in a timely way. The local authority had visited the service and were assured of the safety of the service.

People and staff were kept as safe from harm as possible. Health and safety training was provided regularly and safety was addressed by generic health and safety, environmental and individual risk assessments. Generic risk assessments included personal protective equipment, pets, working alone and food hygiene. Individual assessments covered areas such as eating and drinking. Risk assessments included the necessary information but risk management plans were not always detailed enough to inform staff of the safest way to provide care. However, the service had recognised some shortfalls in the care plans and were changing all plans to a new format. The two care plans which had been completed in the new format included detailed risk assessment and risk management plans. The registered manager/provider told us that all care plans were being changed over to the new system as quickly as possible.

The service provided staff with information to use in event of an emergency situation arising. These included loss of essential services, shortages of staff and adverse weather conditions.

People's safety was further promoted because the service learned from accidents and incidents. An accident and incident log was kept and reviewed monthly to identify any trends or recurrences. Accident and incident reports recorded what had happened and the action taken. All follow up actions were noted and where necessary a care plan or health and safety review took place.

People's needs were met safely because the service ensured there were enough staff to provide the correct amount of time and care to meet people's needs as identified in their care package. Each person had a specified number of hours of care paid for by the local authority or by people, themselves. Care packages were only agreed if the service had enough staff to meet people's needs. The service applied to the funding authorities if people needed extra staffing to meet changing needs.



## Is the service effective?

### Our findings

People were provided with effective care. One person told, "They save me a lot of problems." Another said, "They offer a very good standard of care and meet all my needs." Three professionals told us they had no concerns about the standard of care offered to people.

People, their families and other relevant people, as appropriate were involved in the assessment process and deciding what care they wanted and needed. They, their legal representative or permitted relative signed to say they agreed with the content of the care plan. Other care plans were not fully completed in some other areas such as medicines and personal care. The registered manager/provider told us all their care plans were being transferred to a new format and would be audited to ensure they were complete. The two care plans completed in the new format were detailed, fully completed and contained all the necessary information to enable staff to provide good quality care.

People were effectively supported to meet their health and well-being needs, as specified on individual plans of care. Three professionals agreed people's health needs were met and reported to the appropriate people. One said, "To the best of my knowledge they work well in this area."

People were supported with their nutritional requirements, if this formed part of their identified needs. Care plans included all the information needed by staff to ensure people were offered the right amount of help to eat and drink. Appropriate daily records were kept, if necessary. Staff were trained in food hygiene and other nutritional issues if they were supporting people in this area.

The staff team upheld people's rights because they understood issues of consent and decision making. Care plans included information with regard to people's capacity and ability to make decisions about their care. If others were legally able to make decisions on people's behalf (power of attorney for finances and /or health and welfare), the paperwork to confirm this was held on people's files. Care staff described how they encouraged and supported people to make their own decisions and choices. People confirmed that they made their own decisions.

The service understood the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service had made no applications to the Court of Protection via the local authority, as people's liberties were not restricted.

People were supported by care staff who had received appropriate training to enable them to meet people's diverse and changing individual needs. Staff members told us they had good opportunities for training and refresher training was provided when required. Of the 16 care staff, seven had obtained a relevant

qualification in health and/or social care and four others had embarked on professional training courses. Specialised training was provided to meet people's diverse needs. These included dementia, stroke and autism awareness. Some care staff were specially trained by community health professionals to enable them to support people with health needs such as specialised feeding systems. A person commented, "Carers always know what they're doing." A professional commented, "I am really pleased with the way Angels Care at Home conducts their work training their staff to deliver high quality services to their clients."

Staff were provided with induction training and the service made sure staff did not work with people until they were confident they were able to do so safely and effectively. Care staff were not required to complete the care standards certificate. However, the registered manager/provider told us their preferred, 'bespoke' induction procedure met the same standards. Whilst staff's skills, attitude and knowledge were tested prior to them being able to work alone, the competency framework they were judged against was not recorded. The registered manager agreed to review their competency assessment recording methods. Care staff completed a three month probationary period and had regular one to one (supervision meetings) with managers.

Staff felt they were well supported by the registered manager and management team. Care staff were provided with one to one supervisions approximately four times a year. All staff completed an annual appraisal which identified any training and development needs. Care staff told us the registered manager was very supportive of their development. This was evidenced by carers receiving promotion and progression opportunities within the service.

# Is the service caring?

## Our findings

People told us care staff were, "Understanding and kindness itself." They said staff always treated them with the greatest respect and maintained their dignity. One person said, "They always preserve my privacy and dignity." Another said, "The care they give me is second to none." A professional told us they had seen people being treated with dignity and respect. They said, "Yes, I observed this on several occasions." Another commented, "Yes. Staff from Angels Care at Home are well trained to treat people with respect and dignity and I have witnessed this with one of my clients. "

People were provided with care by staff who ensured they established caring relationships with people. Relationship building was encouraged by care staff visiting the same people regularly. Staff were able to describe how they protected people's privacy and dignity whilst offering the necessary support. Examples given included, asking for permission before proceeding, closing curtains and covering people whilst assisting with personal care. They told us person-centred care ensured each person was cared for with dignity and respect.

People's methods of communication were noted on care plans, as necessary. They enabled staff to communicate with people in the way they needed to and noted how people should be provided with information about the service and their care.

People's diverse physical, emotional and spiritual needs were met by staff who were provided with information to enable them to meet those needs, as necessary. People's life history, religious, cultural and lifestyle choices were noted in care plans, as appropriate to the care package they were receiving. The service matched people with care staff who had the skills, training and characteristics to meet their individual needs.

People were supported to maintain as much independence as they were able/chose to. Care plans included information about how people wanted to be supported to control their lives and to maintain or increase their independence. Risk assessments supported people to be as independent as they were able to be, as safely as possible. Examples included personal care and mobility. People told us care staff helped them when required but always gave them time to do as much as they could for themselves.

People were given information about the service such as recruitment procedures and services offered. People were encouraged to give their views of the service in various ways. The management team completed 'spot checks' on care staff and people were asked their views of the staff at that visit. Surveys were sent to people and other interested parties and they were telephoned by office staff to ensure all was well.

Personal information relating to people was kept securely and confidentially in the care office. People kept their own records in their home in a place of their choice. The provider had a confidentiality policy which care staff understood and adhered to. One staff member discussed confidentiality as a part of respecting individuals and maintaining their privacy and dignity.

## Is the service responsive?

### Our findings

People were provided with responsive, flexible and person-centred care. People's views, choices, current and changing needs were included in written plans of care that enabled care staff to support people appropriately. People told us care staff, "Listen to me and respond to my requests." Another said, "They are always helpful, always listen, always do what I want them to." A professional commented, "Good service & good at looking at individual's needs." A local authority representative told us, "They are willing to take on some cases that some agencies are reluctant to take and once they have committed, they do adapt their approach to try to find effective ways of working with them(individuals) that are person centred and reflect an approach the service user wishes."

People were included in the assessment and care planning process. People told us their needs were assessed and care was planned with them. They said they were included in the review process. Care plans were reviewed at regular intervals and whenever necessary. Plans of care demonstrated that reviews had been held whenever people's needs changed or there were any concerns about an individual's well-being. One person had been reviewed monthly because of deteriorating health needs. People told us they could ask for a review of their care plan if they felt they needed something or their needs were changing.

People's changing needs were communicated to staff by a variety of methods which included, daily notes, staff meetings and e-mails. The management team ensured any important information was given to the relevant care staff. Staff told us there was very good communication between the staff team and the office and said they were always kept up-to-date with any changes in people's needs and/or other important issues. Two of the seven people spoken with had some negative comments about the responsiveness of the office to people's request for changes or to be contacted. However, they said the care staff were extremely responsive. One person said care staff were helping them work with the office to ensure satisfactory responses.

People told us care staff, "Generally come on time." "They don't rush us" and "The care is superb, they even anticipate my needs." Care staff could stay longer than the allocated time if people needed emergency assistance. These instances included medical and/or well-being emergencies.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included how people communicated and specific communication plans, if necessary.

People told us they knew how to make complaints and express any concerns they had. People said, "I am quite satisfied, I have no complaints." Another person commented, "I have absolutely no complaints or concerns and never have had." They said if they raised a minor concern it was dealt with quickly and efficiently. The service had a robust complaints policy and procedure which they followed when they received a complaint. The service had recorded nine complaints and 14 compliments about the service in

the preceding 12 months. Some of the complaints referred to missed calls which were an issue at the beginning of the year but were no longer an issue. Complaints were managed and dealt with appropriately. The service recorded whether people were satisfied with the outcome of the complaint. A professional commented, "They listened to my concerns and acted on it appropriately."

## Is the service well-led?

### Our findings

People benefitted from a well-led service. The registered manager was experienced in care, qualified in care and management and had been in post since the service registered in July 2015. People and staff had positive comments about the registered manager and the management team. Staff said, "The manager is open and approachable, she is flexible and supportive of staff." People told us they were happy to approach the registered manager or any of the staff. A local authority representative said, "The Managers are very open to meeting and discussing any issues and report any concerns or situations appropriately." A professional commented, "Staff/Managers can be contacted easily and would reply to queries in a timely manner".

People and staff were given opportunities to express their views and opinions of the service. Staff told us they felt their views and opinions were valued and listened to and action was taken as appropriate. People were encouraged to tell the service what they thought about their care by a variety of methods. These included quality surveys, care plan reviews and regular 'spot checks' of care staff where people were asked their views on individual staff and the service, in general. The service held regular staff and office meetings.

People received good quality care which was reviewed, maintained and improved, as necessary. A number of quality assurance systems were used to review the service. Auditing and monitoring systems included client files, daily notes and complaints. Incident and accidents records were kept and action taken noted. A quality audit was completed monthly by the registered manager. However, issues with medicine records had not been identified. The registered manager undertook to review the medicines record auditing system. Other audits were effective in identifying issues such as late calls and appropriate action had been taken to rectify these.

Actions were taken as a result of the auditing systems and listening to the views of people, staff and other interested parties. Examples included providing a computer system to make scheduling more effective. This had greatly reduced the number of missed calls. The development of a more detailed and informative care planning system to ensure care staff had the best information to enable them to provide the most effective care.

People were provided with good care because the service worked with other professionals to ensure people's needs were met. Local authority staff and other professionals told us the service worked co-operatively with them in people's best interests. The service engaged with community health professionals and other care providers with regard to individuals and to enhance their knowledge of current best practice. A local authority representative told us, "They do participate in forums and are always willing to meet and try to learn as part of improvement." Another professional told us the registered manager met with them and was always willing to listen and discuss the best ways of providing care to individuals.

People's individual needs were recorded on up-to-date care plans. They informed staff how to provide care according to their specific choices, preferences and requirements. Although there were some omissions on some care plans this was currently being addressed by the service. Records relating to other aspects of the running of the service such as audit and staffing records were, accurate and up-to-date. All records were

well-kept and easily accessible.

People were protected by the registered manager who understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales. The service sought advice from the Commission if they were in any doubt of the requirement for a notification.